



MASSAGE THERAPY ABSENTEE REPORTING FORM

(Please call or send to PIR asap after customer calls in or does not attend)

TO: (SGI PIR) _____ FAX: _____

FROM: _____ PAYEE # _____

NAME OF CLAIMANT: _____

SGI CLAIM # _____

Unrequested Time Off Treatment

Date(s) claimant was absent from program _____

Reason for absence: _____

Total # of appts missed from treatment _____

Requested Time off Treatment

Date(s) claimant has requested time off treatment: _____

Reason claimant has requested to have time off treatment: _____

Signature

Date